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LANGPORT RURAL DISTRICT COUNCIL.

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH.

For the year ended 31st December, 1956.



1871

1871 1872 1873 1874 1875

1876 1877

1878 1879 1880 1881 1882

1883 1884 1885 1886 1887

1888 1889

PUBLIC HEALTH OFFICERS.

Medical Officer of Health.

A. M. McCall

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health.

P. P. Fox

M.B., B. Ch., D.P.H.

Public Health Inspectors.

H. F. Binder, M.S.I.A.

R. H. Badge, M.S.I.A.

PUBLIC HEALTH COMMITTEE.

Councillors S. E. Scott (Chairman)

C. E. Ball

G. A. Burcham

Colonel J. C. Cotton

Mrs. E. M. Dixon

W. H. Furze

Dr. R. P. Hosford

Rev. W.E.L. Houlden

R. J. Humphry

J. O. Lloyd

P. H. Lock

A. O. Mounter

Commander E. Neville

A. Norris

G. E. Smith

J. Russell Thorlby

Mrs. A. M. Ubsdell.

HOUSING COMMITTEE.

Councillors C. E. Ball (Chairman)

J. E. Attwell

A. J. Bond

G. A. Burcham

Colonel A. J. Clifton

Colonel J. C. Cotton

Lt.Col. W.W.N. Davies

S. Dibble

Mrs. E. M. Dixon

W. H. Furze

W. H. Hebditch

W.F.T. Hector

C. T. Hill

Dr. R. P. Hosford

Rev. W.E.L. Houlden

R. J. Humphry

T.J.C. Jeffery

J. O. Lloyd

P. H. Lock

T. Lucas

P. Luxton

A. O. Mounter

Commander E. Neville

A. Norris

W. A. Osborne

W. H. Perrett

F. T. Retter

A. Salisbury

S. E. Scott

G. E. Smith

J. Russell Thorlby

Mrs. A. M. Ubsdell

Captain D.S. Wyllie

To the Chairman and Councillors of the Langport Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1956.

It was a healthy year and few cases of infectious disease were notified.

Apart from the items I am required to report each year, I have this year included a note on longevity which should prove of interest when the list of causes of death are considered. I have also added some notes of explanation of terms in common use in connection with preventive medicine such as the Rh. factor, spastics, etc.. Such items are not strictly a part of the Medical Officer of Health's report but I hope they increase the interest in a report which is a Statutory duty and which, following the same lines year after year, tends to become dry and dull.

I greatly appreciate the courtesy shown me by the Councillors throughout the year and the help I have received from the Officers of the Council.

I am,

Your obedient Servant,

A. M. McCALL.

Medical Officer of Health.

SECTION A.Population.

The Registrar General gives the estimated mid year population as 12,900, a very slight decrease on the 1955 figure. The general statistical details are given in Appendix A, Table 1.

Birth Rate.

The Birth Rate was 16.9 per 1,000. This is an improvement on the 1955 figure of 15.1. When the Comparability Factor (which allows for differences in the age and sex distribution in the district population of the United Kingdom) is taken into account, the figure is 18.59 which is above the national figure of 15.7 - the highest since 1950. There were thirteen illegitimate births during the year. Appendix A., Table 2 gives full details.

Death Rate.

The Death Rate for the year was 12.48 per 1,000 compared with 11.2 for 1956. Allowing for the Comparability Factor this corrects to 10.6 less than the national figure of 11.7. The causes of death are shown in Appendix A, Table 3. Diseases of the heart and circulation were again the greatest killers, having caused 81 out of a total of 161 deaths. Cancer came second, causing a total of 26 deaths.

Longevity.

Longevity, which means length of life, is a subject which has always held a great deal of fascination for the man who is impressed by long life in others and usually wants to achieve it himself. There are quite a few of these.

It is fair to say that the age at which one dies depends on how long one succeeds in avoiding death by accident or disease. Since we all die after a maximum of, perhaps, a hundred and ten years, there must be a point beyond which no one can continue to escape the multifarious causes of death which compete for him. The Registrar General recognises a large number of distinct causes of death of which senility is only one and the question arises whether it is possible to die of old age as such. Has an individual a maximum capacity which limits his life so that he must die of a general wearing out of his tissues at an advanced age? The vast majority of human beings die of specific and identifiable failures of structure or function and in a given year very few deaths have to be attributed to senility and other ill defined causes.

Nevertheless, it could be argued that virtually all deaths other than those caused by accident or infection are in fact deaths of old age though not specified as such. These include deaths from degeneration of the heart and arteries and vascular lesions of the nervous system. In addition the age incidence of deaths from cancer allows a case to be made for it as a disease of ageing tissues, as it is essentially due to loss of control over what should be the normal replacement of tissue.

Man's life seems to be limited to an average of something over 70 years, by which time most people succumb to failure of one system or another. Since a system which fails in one man at 70 may work well in another until something else kills him at 90 or in a third may fail at 45, there is reason to hope that simply by care and forethought man's average lifespan may be prolonged to come a little nearer the apparent maximum of 110.

Every year in England and Wales about half a million people die. If longevity is their aim, then some fall very early by the wayside. Losses are light in the age groups of childhood and youth but from the age of 45 or so onwards casualties are very heavy and very few survive to do better than average in the 80s and 90s.

The first year of life is an immediate problem and danger. Then follows a period of comparative safety. Once 45 is reached men survive far worse than women. At 75 far more males die than females. The remarkable thing is not that so many women die at ages above 75, but that so many women survive to such advanced ages in this country when their male counterparts die between 45 and 75 in far higher proportion. It is well known that widows far outnumber widowers in England.

It/

It is obvious that in considering the length of life of the ordinary man and the factors affecting it, we must look carefully at the causes of death involved.

Individual tissues have no specific time limit. Most people succumb to a failure, slow or sudden, of a particular system of the body. This may be fatal in itself, or fatal only because of the general senility of the body as a whole. The cardio-vascular system is the one which gives way most often. The general changes which occur with ageing are partly known. The first effect of this is a loss of elasticity in the arterial walls. Most of the deaths due to this are caused by blood clotting in the constricted artery as in coronary thrombosis, where part of the heart muscle is deprived of its blood supply. A large number of deaths are due to the actual rupture of the artery as in cerebral haemorrhage. A non-fatal haemorrhage leads to the familiar stroke with varying degree of paralysis. There is a good deal of truth in the cliché that a man is as old as his arterics.

Some obvious changes which occur with ageing are deterioration in the functioning of the organs of special sense. In the eye, accommodation is slowly lost and the nearest clearly visible point recedes - the familiar figure of the ageing person holding the paper at arms' length. There is a decreasing range of hearing as age increases, particularly in the higher frequencies. Cerebral development, distinct from development of character and intellect, ceases in youth and the ability to learn decreases slowly, but is masked by the accuracy and wisdom which come with the accumulation of experience. On the whole, normal degeneration of the central nervous system does not affect the length of life though it affects the tempo at which it is lived. Although indigestion is common in older people, the digestive apparatus is very durable and can outlast the rest of the body in most cases. Renal function tends to become less efficient in old age.

Muscle power is usually retained at very nearly the youthful maximum until about 40. It drops slightly then and the drop becomes sharp in the 60s. The individual variations in the age and extent to which these changes occur are very great indeed, and many 40 year old men are genuinely senile while others in their 70s are well preserved and fairly youthful.

The individual glands have great durability and the system as a whole should easily last a century or more. Few people fail to reach old age because of a failure of the glandular system as such, but it is certainly linked with other systems which break down in old age. It may be that some overbalance of the glandular system can lead to a rapid failure of another system.

The respiratory system does not change greatly in old age except in its ability to resist and recover from infection. The lungs, unless subjected over a period of years to silica or coal dust, could outlast most of the rest of the body by many years if it were not for infection. Bronchitis and influenza mainly in old people cause a number of deaths and a failure of the respiratory system to resist infection. So an important factor determining the length of life is the definite lowering of resistance which comes with age and allows the body to be overwhelmed by an attack which it could have survived in youth.

In discussing deaths involving different organs and systems I have omitted deaths caused by cancer. Nearly all such deaths are over 45 years of age and it is one of the biggest stumbling blocks on the road to long life. The otherwise robust digestive organs are heavily involved. Cancer of the lung is not only the commonest cancer in man but one of the main killers of our time. Cancer of the reproductive organs strike women very heavily. Death rates from cancer, both in men and women, have increased in recent years, the greater increase being in males, mainly due to the increase in lung cancer. No special site could be singled out in females. It is important to note that the death rates and incidence rates of cancer in men and women are by no means the same thing. Cancer in men tends to strike in more inaccessible organs and to be less easily and early detected while cancer strikes women chiefly in accessible organs and can be detected sooner. Cancer is an enemy of increasing importance and its grip more than counters the encouraging improvement in the death rate from infectious diseases. The defeat of diseases/

diseases like diphtheria is a triumph, but it is overshadowed by the increasing menace of cancer.

To summarize I would say that man meets his death not because of any limit to the life of his individual tissues but because the human body is so complex the body's tissues cannot be perfectly and indefinitely maintained in face of the stresses of normal life. Man seems able ideally to live to about 110, but deaths occur at all ages, mostly in the 60s and 70s. In the normal healthy body changes are continually taking place especially in the cardiovascular system so that hitherto non-fatal stresses and infections become more and more menacing and the eventual failure of one or more systems causes death. The increase in medical knowledge is continuously improving man's ability to ward off infections and recover from them and succeeding generations are living longer and longer. Old people form an ever increasing proportion of the population. But the increasing pace of life brings greater danger in the malignant disturbance of cell replacement called cancer and especially in failure of the circulatory system through the decrease of resilience to stress as age increases. It is against cancer and arterio sclerosis that the battle for longer life must be concentrated.

Infant Mortality.

There were three cases of infant mortality during the year. One was a case of prematurity. The second, an illegitimate child developed meningitis and the third died at three months of age due to a congenital heart defect.

Maternal Mortality.

There were no cases of maternal death during the year.

Social Services.

The social services provided by the Local Health Authority remained unchanged during the year. There was a slight increase in temporary unemployment.

SECTION B.General Provision of Health Services in the Area.

There were no changes in the Health Services provided in the area during the year.

Care of Mothers and Young Children.Antenatal Care.

There are no antenatal clinics held in the Rural District. Routine antenatal examinations are carried out by general practitioners and district nurses. Patients are sent to Musgrove Park Hospital for blood examinations. Samples are examined as a routine for Wasserman and Kahn tests, haemoglobin estimation, grouping and the Rhesus reaction.

The Rh. Factor.

Many mothers these days say quite readily that they are Rh. negative or positive without knowing what they are talking about other than knowing it refers to a quality of their blood.

The Rh. factor is named after the Rhesus monkey used in the experiments which led to the discovery of the factor in 1940. The original work was done by Weiner in America.

It was found in World War II that many men following transfusion with blood of the correct group developed an unaccountable reaction. Levine showed that certain of these transfusion reactions were due to the Rh. factor.

The Rh. factor is a substance which 85% of persons have in their blood. This fact is most important to those remaining 15% whose blood does not contain the Rh. factor (Rh. - negative). When Rh. negative persons are given Rh. positive blood either by transfusion or through the common circulation of a mother and child during pregnancy, it may start the reaction. The person receiving the Rh. positive blood develops the antibodies to Rh. positive blood and as a result any subsequent transfusion or pregnancy may be attended by serious consequences. In the new-born the red blood cells break down and in the transfused jaundice may occur.

A baby's chances of suffering from this disorder vary considerably with the Rh. blood type of the parents and follow the Mendelian rules of inheritance. Since only a small proportion of all Rh. negative mothers are sensitised the general average of children born with this blood disorder is about 1 in 150. It is therefore a comparatively rare condition. The treatment is to transfuse the infant with compatible blood and the majority survive without any serious after effect.

When a mother is found to be Rh. negative a second sample of her blood is taken at the thirty-fourth week to see if there is a rise in the number of antibodies present, a sign that there may be trouble ahead. If it is thought likely that a transfusion will be necessary for the baby the mother is always admitted for her confinement to Musgrove Park Hospital, Taunton, where a specialized team is available. Should an unsuspected case occur on the district the nurse or general practitioner can always call on this team which act as a flying squad and will travel to any part of the County.

In addition to the Rh. test a second sample of blood taken at the same time is submitted to the haemoglobin test to detect any anaemia if it be present.

It is known that the haemoglobin or redness of the peripheral blood falls as pregnancy advances and probably true anaemia is present only if the percentage falls below 70%. However, it has been shown that if a daily supplement of iron is given the majority of women maintain a normal haemoglobin level throughout pregnancy. If this is done then they are more energetic and better able to face the rigours of their confinement and puerperium.

There is no doubt that anaemia of pregnancy can be prevented if patients will attend their antenatal clinics or see their own doctors in time so that any anaemia that develops can be efficiently treated. However, there are other factors in nutrition besides iron and a good mixed daily diet which includes eggs, milk and meat should be aimed at.

Domiciliary/

Domiciliary Midwifery.

The district nurses continued to attend expectant and nursing mothers in their homes with the private practitioner supervising the case. The practical service of delivery of the mothers and their after-care follow naturally on the work of the antenatal care. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place and they are well acquainted with the nurses who will be looking after them.

Hospital Confinement.

In cases where admission to hospital is necessary on medical or social grounds the patients are admitted to Musgrove Park Hospital or Butleigh Nursing Home.

Infant Welfare Clinics.Curry Rivel.

This clinic continued to be well supported. Details of attendance will be found in Appendix B, Table 1.

Kingsdon.

The district nurse held weighing sessions at her house, but no official clinic is held in this area.

Compton Dundon.

Transport is provided for mothers living in the area to attend the infant welfare clinic at Street twice per month.

Aller.

The district nurse holds weighing sessions at her house once per month.

Apart from the immunisations and vaccinations he does, the doctor spends a great deal of his time allaying the mothers' fears which often have their origin in the folk lore handed down in families from mother to daughter. Such is the power of the matriarch that it may take many visits to the clinic before the doctor's advice is finally accepted without misgivings.

A strict timetable of ideas was necessary when welfare work started, because infant mortality was so high and the first need being to save life, a life saving rigid discipline was required. Today many modifications of regime are suggested. Nevertheless a certain easy organisation is advised. The exponents of the modern doctrine of self regulation by infants often condemn the timetable in handling the baby. However, a young mother often worried and confused by a situation she has never before encountered is grateful for a simple routine which helps her to plan the management of the baby throughout the day.

As far as is practical breast feeding is advocated. The success of a mother in breast feeding her infants will depend on three simple things. It will depend on the kind and degree of antenatal care and tuition which the mother has received. It depends upon the psychological attitude of the mother and thirdly it depends upon the composition of the individual mother's breast milk. Advice on all three of these factors are given at the clinic and the amount of breast feeding is to a certain degree a direct gauge of the effectiveness of the clinic.

Mothers have become obsessional about their childrens' weight and worry themselves sick if baby is putting on what they imagine is too little and occasionally too much weight. Frequently the problem is a simple one and advice is gratefully received.

Constipation is another constantly recurring problem presented at child welfare clinics. The Latin word "stipare" means to press and so far as derivation goes, constipation means the passage of compressed, that is, hard stools. It is not what it is commonly assumed to be, synonymous with infrequent defaecation, though that is often accompanied by the passage of hard motions. Constipation is the delay in passage of material through the bowel resulting in the formation of hard stools, the passage/

passage of which gives discomfort.

The passage of hard stools is not always uncomfortable. There may be a great contrast between the anguish on the face of the mother as she hears the marbles rattle into the pot and the baby's smile of satisfaction.

Constipation has been considered harmful but today its ill effects are thought to be only the discomfort of defaecation. No longer is alimentary intoxication believed to be the result from constipation. Yet as a nation we are so preoccupied about our regular bowel actions that we spend £70 a year on purgative pills, tablets and salts. The symptoms of constipation are probably largely due to fear of constipation and this is partly the result of skilful advertising. "You may be regular, but you may be a day behind" is a typical example. The fear may also be learnt from mothers who learnt from their mothers: "No stool, no school" was once a common morning threat.

Constipation often produces symptoms only because the person or parent expects it to do so. At school children are taught how their insides work and how to keep them working well. Earlier than this at the clinic, we try to ensure that, as infants, their bowel training is done without excessive anxiety on the mother's part. Good general advice on infant feeding is a good prophylactic against constipation in infancy.

The world is so full of a number of interesting things that it is a pity that people should spend an excessive amount of time, money and interest on how and what they are excreting.

Home Nursing.

In addition to their many other duties, the district nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our nurses have been working during the past year.

Health Visiting.

There are two health visitors for the Rural District, Miss Sullivan deals with the northern half and Mrs. Pitt is responsible for the remainder.

The primary function of a health visitor is to visit the homes of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the Health Service.

Immunisation.

During the year, the County Council as Local Health Authority, in co-operation with the District Council, took every opportunity to stress the need for immunisation against diphtheria and every means of publicity was used. Immunisations were carried out at all the Clinics and by myself and Dr. Evans in the schools. In addition to this of course there is a large amount of immunisation done by private practitioners, particularly primary immunisations. During the year 165 primary and 136 booster immunisations were carried out.

In 1956, following the success of the immunisation programmes in the United States and Scandinavia, the Government launched a campaign for immunisation against acute poliomyelitis. It was commenced as a planned field trial and as the supplies of vaccine were very limited indeed, only a small percentage of children applying were in fact immunised. Only one was chosen from the Langport Rural District. I hope we shall be allocated some vaccine in 1957.

Vaccination.

In 1956, 101 primary and 9 re-vaccinations were carried out. This is still not as many as I would like and I think that general practitioners might be able to help in this aspect of preventive medicine by persuading the parents of all infants to accept vaccination.

Home Help Service.

The Home^{Help} Service, which is organised by the County Council, and in this area administered from Yeovil and Taunton, worked very well during the year. There is a shortage of the right type of people for this work, but I am impressed by the high standard of the work carried out by those employed.

School Medical Service.

I visited a number of schools in the area in 1956, the remainder were inspected by Dr. Evans. Details of my inspections will be found in Appendix B, Table 2.

Following my inspection of the pupils I always report on the hygiene of the school^{and} kitchens and several small improvements resulted from these reports.

Children who have reached the age of 14 years may do part time employment while still attending school. Such work is subject to Byelaws which control the hours and type of work permitted and demand a satisfactory medical examination which I carry out.

School Dental Service.

All schools in the area were inspected in 1956.

Orthopaedic Service.

When necessary children are referred to orthopaedic surgeons who hold clinics at Yeovil and Taunton. Copies of reports and recommendations by the specialist are forwarded to me as the school medical officer and I see such children at each medical inspection, more often if necessary. Most of the cases which require operation are admitted to Bath Orthopaedic Hospital.

Ophthalmic Service.

At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the Ophthalmic specialist at the last appointment. If glasses are in need of repair or the correction does not satisfy me, I refer the child to the County Oculist who holds a weekly clinic, especially for school-children, at Yeovil or Taunton Hospitals.

Whenever I visit a private school I am struck by the few children who wear glasses as compared with the numbers in a comparable County school. This is not because there is a significant difference between the standard of vision in the two types of school. It is because in the County Schools regular routine medical inspection is carried out and the defects noticed at an early age. Undoubtedly many visual and indeed other defects remain undetected in schools where the children do not have the benefit of regular medical inspection.

Epileptics.

Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics.

All cases of children with spastic disease are registered as handicapped pupils and are under the care of specialists. They may attend the ordinary school if their disability is not too great. In other cases home tuition is arranged. After reaching school-leaving age arrangements are made for them to receive special training to enable them to become self-supporting, as far as possible.

During the last few years there has been realisation by the public that there should be greater provision for the education and treatment of spastic children. The term is frequently used but few know its significance.

What is a spastic? Most children learn to eat, walk, talk, sit and stand without trouble. Such acts become easy to them because their muscles work together and they have control of them. A child with cerebral/

cerebral palsy (brain palsy) does not have control of all his muscles. As a result he often finds it difficult to do the simple acts of life. He may reach for a cup or pencil; as his hand moves it may miss the mark; he may knock over the cup or drop the pencil.

Another child with cerebral palsy may not be able to walk straight. He seems to get off balance; he may stagger, reel and weave about.

Another child may have trouble with his throat and tongue. If he tries to talk the sounds are often grunts and noises. The muscles of his face may twist and work. Seeing a child making faces and hearing the sounds he makes, gives some people a wrong idea. They connect such acts with being feeble minded because some feeble minded children act that way. This may be far from the truth. Some of them are very bright. Some, it is true, are feeble minded but it is not possible to tell just by the way children with cerebral palsy look or act. Mentally the large number of them are about like other children.

The cause is sometimes due to brain damage while the baby is being born. This may be when the mother has a hard and long labour but it is not necessarily the case. It may happen with an easy birth.

Sometimes cerebral palsy may happen after birth and it has followed whooping cough, measles and meningitis.

A large number of spastic children do improve, others do not improve so much, still others not at all. Due to severe mental or physical disability some may have to be cared for in an institution for years.

It is important that all children with cerebral palsy should be under medical care and have opportunities for suitable education just as any other child.

Blind Persons.

There are 54 blind persons and one partially sighted person registered in the area.

Ambulance Service.

This service is administered from Taunton and worked smoothly throughout the year.

Care of the Aged.

From time to time during the year I have been called to assist in getting aged persons into hospital, either by way of persuasion of the patient or of the authorities to provide a bed. Only once was statutory action necessary, it was in the case of a female patient who refused to enter hospital for treatment which was urgently required.

SECTION C.

Prevalence of and Control over Infectious and Other Diseases.

Only a few cases of infectious diseases were notified in 1956, which was a healthy year.

A number of cases of dysentery occurred in the autumn. They presented a similar picture but no connection could be discovered between cases which varied from 4 to 65 in age.

The Mass X-Ray Unit made its first visit to Langport in January. Details of the visit are given in Appendix C, Table 2.

In December the County Medical Officer announced the arrangements for the routine vaccination of school children against Tuberculosis. It was decided to offer B.C.G. vaccination to all children born in 1943, that is children about 13 years of age. These would then have at least 18 months at school after vaccination and this would allow time to check whether immunity had been conferred and if necessary re-vaccinate. In Somerset the routine B.C.G. vaccination of school children will be carried out by County Staff only and not be general practitioners.

SECTION D.Environmental Health Services.A. Sanitary Circumstances.Climatic Conditions.

The total rainfall during 1956 amounted to 24.29 inches, equivalent to 73.30% of the average yearly fall of 31.02 inches measured since rainfall readings were commenced in 1950.

Water Supply.

The water supply of the District has been satisfactory. The quality of the water as distributed in the mains has been up to satisfactory bacteriological and chemical standards with one exception. The quantity of the supply has been satisfactory in all parishes apart from the four western parishes fed from the Chard R.D.C. connection at Beercrocombe.

The new Chard R.D.C. six inch main was put into operation in April, and has done much to improve the supply to the four parishes mentioned above. Inadequate main size and fairly frequent bursts cause interruptions in the supply. A scheme is in preparation to relay a small section of main to improve matters as far as the bursts are concerned.

The water supply is not liable to have Plumbo-solvent action.

The pollution of the supply in a very limited area was discovered to be caused by cattle getting on to the top of a small reservoir. Immediate action was taken to shut off the supply, repair the broken fence, and clean and chlorinate the reservoir before restoring the supply.

Full details of the supply and distribution are shown in Appendix D, Table 1.

Small extensions of the main supply were made at Hurcott, Somerton, Babcary and High Ham at a total expenditure of approximately £700.

It is hoped in the near future to relay the section of main at Beercrocombe mentioned above at an approximate cost of £1,500. The above section of main is intended to be part of a scheme which will ultimately be carried out and will involve the replacement of the defective 4" iron main with 6" asbestos cement main over a distance of 2½ to 3 miles.

Sewage Disposal.

Only three parishes have main drainage and disposal systems, Curry Rivel, Somerton and Kingsbury Episcopi. There were no extensions to these systems during the year.

Future Proposals.

The scheme for Langport has now been completed and forwarded in a revised form to the Ministry of Housing and Local Government. The Ministry have requested a draft agreement covering the discharge of trade effluent from industrial premises to be connected to the scheme. The draft agreement has been prepared and forwarded to the Ministry.

At Kingsbury Episcopi the installation of a Lea Recorder took place earlier this year, and records of the flows have been submitted to the Consulting Engineers. The Engineers should produce a scheme for the modernisation and increased capacity of these works during 1957.

Public Cleansing.

Refuse removal is done by direct labour, three parishes are visited weekly, four fortnightly and eighteen once monthly, making a total of 25 parishes/^{visited} in all. Undoubtedly many of the parishes visited monthly need, and would welcome, a more frequent collection. The Council ordered a new Dual Tip Refuse Collection Vehicle for delivery during 1957. The provision of this machine may enable the Council to increase the frequency of collections in the 18 parishes which at present only receive monthly collections. There are two controlled tips in use.

There are a number of cess pools in the area but the Council do not undertake to empty these themselves. These are emptied by individual contract between the owners and a private company and in addition the Council employ a contractor to carry out night soil collection to the properties in Somerton not connected to the sewerage scheme.

Rodent/

Rodent Destruction.

The Rodent Operator continued to carry out routine inspections in the area and to give advice and assistance where necessary. No heavy infestations were detected.

Swimming Baths.

There are two privately owned baths but no public baths in the District.

B. Factories Act.

Details of the number of factories registered and the inspections made will be found in Appendix D, Table 2.

C. Housing.

The full details of the housing situation are shown in Appendix D, Table 3. During 1956 the Council mainly considered plans to replace sub-standard property with new houses. In order to emphasize the urgency for this work the Government have withdrawn the subsidy from Council houses except those intended to replace slum property.

The Council continued to encourage private owners to improve their own houses by the method of Improvement Grants.

D. Inspection and Supervision of Food.Milk.

There are 9 registered distributors and 4 dairy premises in the Rural District and as will be seen from Appendix D, Table 4, the results were 100% satisfactory.

Ice Cream.

No ice cream is manufactured in the area, but thirty-nine premises were registered for the sale of the pre-packed product.

Meat.

Appendix D, Table 5, gives a detailed account of the meat inspections carried out in 1955. There are six licensed slaughterhouses in the area. These are widely scattered and under the present legislation the only requirement is for the slaughterman to give three hours notice of his intention to slaughter. This time seldom, if ever, coincides with slaughtering in another nearby slaughterhouse. The result is that meat inspection is time consuming and involves a considerable amount of travelling.

Licensed Premises.

A start was made in the inspection of the licensed premises of the area. A list of defects was sent to the Brewer concerned and a copy was sent to the Licensing Magistrates for information. At the end of the year just before the next meeting of the Brewster Court, a further inspection was carried out. Most of the defects had been remedied and those outstanding were noted and the Brewers again informed. I arranged to attend the Court to discuss these with the magistrates.

Food Premises.

In 1956 the Public Health Committee concentrated their efforts on the improvement of the hygiene of all food premises in the area. In order to ensure that the same standard of hygiene obtained in the Rural District as in the neighbouring districts we sent representatives to a combined meeting in which the new Food Hygiene Regulations were discussed. As a result the Public Health Officers of all districts in this part of Somerset interpret the Regulations in the same way and thus avoid anomalies.

APPENDIX A TABLE 1.

Registrar General's Estimate of Population mid 1956		12,900
Area		57,122 acres.
Number of inhabited houses at the end of 1956 according to the Rate Book		4,354
Rateable Value		£102,196.
Sum represented by a penny rate		£421.

APPENDIX A. TABLE 2.

BIRTH RATE.		Comparability Factor 1.10	
		M	F
Live Births	Total	115	104
	Legitimate	109	97
	Illegitimate	6	7
Still Births	Total	2	5
	Legitimate	2	5
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	3	-
	Legitimate	3	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-

APPENDIX A. TABLE 3.

DEATH RATE		Comparability Factor 0.85	
		M	F
Table of Deaths	Total		
	161	87	74
<u>Causes of Death.</u>			
Heart:	Coronary Disease	25	15
	Other Heart Disease	35	17
Circulation:	Vascular lesions		
	of nervous system	23	8
	Other circulatory		
	diseases	8	4
Cancer of:	Stomach	5	1
	Lung	3	3
	Breast	1	-
	Other Sites	17	10
Lungs:	Tuberculosis	1	-
	Bronchitis	6	3
	Pneumonia	3	1
	Influenza	4	4
Diabetes		1	1
Duodenal ulcer		3	3
Nephritis		1	-
Congenital malformations		1	1
Other ill-defined diseases		14	9
Motor accidents		4	3
Accidents (other than motor vehicles)		3	1
Suicide		1	1
Homicide & operations of war		2	2

APPENDIX B. TABLE 1.Curry Rivel Child Welfare Centre.Statistics for the twelve months ended 31st December, 1956.

1. Number of children who first attended during the year and who at their first attendance were:-

Under one year of age - 15

2. Number of children who attended during the year and who were born in:-

(a) 1956 - 9

(b) 1955 - 15

(c) 1954-51 - 29

3. Total attendances during the year made by children who at the date of attendance were:-

(a) Under one year of age 90

(b) Over one but under two years of age 63

(c) Over two but under five years of age 128

4. Number of individual mothers who attended during the year - 40

5. (a) Total number of sessions held:-

(i) With Medical Officer - 12

(ii) Other sessions - -

(b) Number of children examined by doctor 53

(c) Total number of medical consultations - 253

Immunisations - 13.

APPENDIX B. TABLE 2.

<u>Name of School.</u>	<u>Number on roll.</u>	<u>Number Inspected.</u>	<u>Date of Inspection.</u>	<u>Children having milk.</u>	<u>Children having dinner</u>	<u>Number immunised</u>
Barrington	53	33	3.10.56	100%	94.29%	11
Curry Mallet	37	22	10.10.56	100%	100%	5
Drayton	18	8	17.10.56	100%	77.78%	2
Fivehead	37	17	26. 9.56	100%	89.19%	6
Hambridge	36	25	17.10.56	100%	69.33%	11
Huish Episcopi	354	128	17/18/19.7.56	77.84%	62.14%	-
Secondary Modern	420	146	12/13/14.12.56	80.96%	69.05%	-
Isle Abbotts	20	11	3.10.56	100%	80%	8
Kingsbury Episcopi	83	41	19. 9.56	89.16%	75.90%	28
Muchelney	29	14	24.10.56	86.21%	68.62%	3

APPENDIX C. TABLE 1.Infectious and Other Notifiable Diseases.

Measles	14
Scarlet Fever	8
Dysentery	10
Whooping Cough	3
Pneumonia	12

Analysis of Cases Notified.

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles	3	1	1		9							
Scarlet Fever					2	4	1	1				
Dysentery					2			1	1		4	2
Whooping Cough					2	1						
Pneumonia									1	2	8	1

Tuberculosis.New Cases.Deaths.

<u>Age Group</u>	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory</u>	
	M	F	M	F	M	F	M	F
1 - 5								
5 - 15			1					
15 - 25								
25 - 35			2					
35 - 45	1		1					
45 - 55								
55 - 65								
65+						1		
Totals	1	4				1		

APPENDIX C. TABLE 2.Mass Radiography.

Report of Survey at The Church Hall, Langport,
January 26th - 31st, 1956.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>Miniature Films.</u>	309	338	647
<u>Large Films.</u>			
Total Recalled	4	4	8
Did not attend	1.	-	1
Normal	1	1	2
Significant	2	2	4
Under Observation	-	1	1
<u>Tuberculous Conditions.</u>			
Active Tuberculosis	-	-	-
Inactive Tuberculosis	1	1	2
<u>N.B. No Scholars X-Rayed.</u>			

Analysis of Tuberculous Cases.

	<u>Under 15</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-59</u>	<u>60+</u>	<u>Total.</u>
Active Tuberculosis	-	-	-	-	-	-	
Inactive Tuberculosis.							
Male					1		1
Female				1			1
				1	1		2

<u>Non-Tuberculous Conditions.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Pulmonary Fibrosis	1	-	1
Pleural Thickening	-	1	1
Total	1	1	2

APPENDIX D. TABLE 1.Water Supply.

Piped Supplies - results of samples taken for Analysis:

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satisfactory.</u>	<u>Unsatisfactory.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>
14	2	-	-	18	1	6	-

Water Supplies from Public Mains:

Direct to Houses.By Means of Standpipes.

<u>No. of Dwelling Houses</u>	<u>Population.</u>	<u>No. of Dwelling Houses</u>	<u>Population.</u>
3,885	11,476	-	-

APPENDIX D. TABLE 2.Factories Act, 1937.

Inspections for the purpose of provisions as to Health (including inspections made by the Public Health Officer).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers Prosecuted.</u>
Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities.	3			
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	60	18		
Totals	63	18		

Cases in which defects were found	...	...	...	...	Nil.
Cases in which defects found were remedied			...	...	Nil.

Outworkers.

No. of outworkers in August List required by Section 10	...	...	192
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APPENDIX D. TABLE 3.Housing.

Total number of permanent dwellings in District	4,350	
Total number of permanent dwellings owned by Local Authority	826	
	<u>1955</u>	<u>1956</u>
Estimated number of houses unfit for human habitation (as per Ministry Circular 55/54)	274	267

Action taken during year:-

1. Number of houses in Clearance Areas for which:-

(a) Clearance Orders have been made	-	-
(b) Compulsory Purchase Order made	-	-
(c) Purchased by agreement	-	-

Totals	<u>274</u>	<u>267</u>
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2. No. of houses included in Clearance Areas still to be made	148										
3. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 2 of the Housing Repairs and Rents Act, 1954	-										
4. No. of houses demolished under Section 25 of the Housing Act, 1936	-										
5. No. of houses demolished under Section 11 of the Housing Act, 1936	-										
6. No. of temporary dwellings (huts, etc.)demolished	-										
7. No. of houses declared unfit under Section 9 of the Housing Repairs and Rents Act, 1954	19										
8. No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	14										
9. No. of unfit houses occupied under licence	3										
<table><tr><td colspan="2">Houses erected during year.</td><td colspan="2">Houses in course of erection.</td><td rowspan="2">Gained from conversion of large houses or buildings into flats or dwellings.</td><td rowspan="2">Lost from conversion of two or more houses to one.</td></tr><tr><td>For Slum Clearance</td><td>For Other Purposes.</td><td>For Slum Clearance</td><td>For Other Purposes.</td></tr></table>	Houses erected during year.		Houses in course of erection.		Gained from conversion of large houses or buildings into flats or dwellings.	Lost from conversion of two or more houses to one.	For Slum Clearance	For Other Purposes.	For Slum Clearance	For Other Purposes.	
Houses erected during year.		Houses in course of erection.		Gained from conversion of large houses or buildings into flats or dwellings.			Lost from conversion of two or more houses to one.				
For Slum Clearance	For Other Purposes.	For Slum Clearance	For Other Purposes.								

Local Authority	6	11	15	5	-	-
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Private Enterprise	-	26	-	12	-	-
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No. of Post-War Houses erected from
1st April, 1945, to ^{31st} December, 1956.

Housing Programme
for 1957.

By Local Authority	By Private Enterprise.	For Slum Clearance	For Other Purposes.
424	154	27	-

(a) No. of temporary housing units occupied	-	(i) Prefabs.	-
		(ii) Huts, etc.	4
(b) No. of houses found overcrowded			-
(c) No. of houses made fit during year			49

Houses required:-

(i) To replace houses scheduled for demolition	267
(ii) To abate overcrowding	-
(iii) For other purposes	124

Total number of applications for Council Houses at the end of the year 282

Total number of Council Houses sold during year Nil.

Improvement Grants made under the Housing Act, 1949-54.

No. of applications and houses dealt with by Local Authority:-

	(1) Received		(2) Approved.		(3) Rejected.	
	Appli- cations	No. of dwellings.	Appli- cations	No. of dwellings	Appli- cations	No. of dwellings
31.7.49 - 31.12.55	50	58	37	45	5	5
During Year	22	26	17	20	2	2

NOTE. Number of applications approved in respect of owner/occupiers 8

Average cost per dwelling approved £758. 18. 9

APPENDIX D. TABLE 4.Milk Sampling.Designated Milk Sampling.

<u>Designation.</u>	<u>Samples Taken.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory</u>
Tuberculin Tested	-	-	-
Pasteurised	179	179	-
Sterilised	-	-	-

Biological Sampling.

No. Taken 26. Negative Results 26. Positive Results - Nil.

APPENDIX D. TABLE 5.Meat Inspection.

Carcases and Offal inspected and condemned in whole or in part during year.

	<u>Cattle</u> <u>Excluding</u> <u>Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep</u> <u>and</u> <u>Lambs.</u>	<u>Pigs</u>	<u>Horses</u>
Number killed	465	549	82	931	11486	-
Number inspected	463	546	82	931	11391	-
<u>All diseases except Tuberculosis and Cysticerci.</u>						
Whole carcasses condemned	3	21	4	3	28	-
Carcasses of which some part or organ was condemned	53	206	1	45	732	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	12 $\frac{7}{100}$	41.5 $\frac{7}{100}$	6 $\frac{7}{100}$	5.1 $\frac{7}{100}$	6.6 $\frac{7}{100}$	-
<u>Tuberculosis only.</u>						
Whole carcasses condemned	4	18	-	-	4	-
Carcasses of which some part or organ was condemned	22	134	1	-	517	-
Percentage of the number inspected affected with tuberculosis	5.6 $\frac{7}{100}$	27.8 $\frac{7}{100}$	1.2 $\frac{7}{100}$	-	4.5 $\frac{7}{100}$	-
<u>Cysticercosis.</u>						
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis	1,725	14,655	60	-	7,494	-
(b) Cysticercosis	55	625	-	-	-	-
(c) Other	1,441	16,225	325	447	6,886	-
Total (in lbs.) condemned	3,221	31,505	385	447	14,380	-